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See MEDICAL RECORD, June 3, 1893, page 695.

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CASE II.—E. W——, aged seventeen, had the most profound anæmia after recovering from a severe attack of scarlet fever. Examination of blood showed six and one-half per cent. hæmoglobin, and 2,533,000 corpuscles to a cubic millimetre. After taking the preparation forty days the amount of hæmoglobin had increased to 10 per cent. and the corpuscles to 4,500,000.

CASE III.—A. W——, female, aged twenty-two, had been excessively anæmic for over a year; complained of headaches, ringing in ears, dizziness, neuralgic pains, no organic lesion. Blood showed seven per cent hæmoglobin and 3,520,000 corpuscles to a cubic millimetre; the corpuscles themselves were changed, some being microcytes and poikilocytes, After twenty-three days the treatment was stopped, as the hæmoglobin was normal in amount and the corpuscles had increased to 5,000,000 to each cubic millimetre. The result in this case was the most pronounced of any.

CASE IV.—Charles M——, aged twenty-one, subacute pleurisy lasting six weeks, very anæmic; no fever, some loss in flesh. Had taken syr. ferri iodidi for a month, with but slight improvement in general appearance. Hæmoglobin eight and one-half per cent.; corpuscles 3,800,000 to each cubic millimetre. At the end of twenty days, when the treatment was stopped, the hæmoglobin had increased one and one-half per cent., and the corpuscles to 4,600,000; the fluid in the chest had disappeared.

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Vol. I. APRIL 1st, 1896. No. 7.

Original Articles.

NOTES ON SKIN DISEASES IN CHILDREN.

By Leslie Phillips, M. D.,
Surgeon to the Birmingham Skin and Lock Hospital, England.

AN effort has been made to render the following notes, based upon observations among the out-patients of a special clinique, as brief as it is possible without sacrificing clearness, and this has been done in the belief that the general usefulness of such records is not as a rule diminished by such a proceeding.

Eczema Capitis in Children Leading to Alopecia.—In children eczema of the scalp is not unfrequently seen to cause marked falling of the hair. The local baldness is never complete as in alopecia areata, but consists generally of a severe *thinning* of the hair. In some cases, however, the suspicion of tinea tonsurans is strongly suggested, and then some care in observation is needful to differentiate the condition. The occurrence of cases of eczema is not very uncommon in which a considerable degree of temporary baldness is seen, and as the loss of hair is confined to the areas actually affected with the eczema, the patches are nearly always irregular in shape, never so rounded as in tinea or alopecia areata, and always shading off rather than abruptly margined. The following ointment usually suffices to cure the condition. It should be applied after the thorough removal of crusts:

℞ Ung. Zinci Oxidi.
Ung. Hyd. Ox. Rub. āā ʒ ii

Eczema Seborrhoica Capitis in a Child.—The following case is an example of a variety of eczema less frequently met with. Eczema of the head in children is nearly always vesicular and attended with very considerable crust formation, the crusts being more

or less friable and easily detached. The present example constitutes, however, a distinct type, and its consideration and the records of its treatment are therefore of value. The lesions resemble the intensely hard "caked" crust sometimes seen in eczema affecting the eyebrows of adults. A. W., a girl five years old, presented yellow, dry, flat, very hard patches of crust distributed over and closely adherent to the scalp. The disease was easily cured by the following treatment. The hair was cut and the hard crusts removed by poultices, after which the following ointment was applied:

℞ Ung. Zinci. Oxidi. ℥ i
Ung. Sulphuris. ℥ ii
Acidi Salicyl. gr. v
Adepis. ℥ i
M. ft. Ung.

Treatment of Tinea Tonsurans.—I venture to so word the title of this note, although it is written less with a desire to speak of any new curative means than to point out certain *principles* which I have found useful in practice. Prescriptions for sovereign remedies are more than sufficiently numerous. In theory they seem admirably adapted to secure the end for which they are designed, but in practice, and in the hands of others, they by no means justify the anticipations of their originators. The considerations which guide me in routine prescribing for ringworm are based upon the following practical observations: (1) That, especially in recent cases, remedies may do harm by being too strong or irritating, and (2) that liquid embrocations or applications are generally much more useful than ointments. With regard to the first point, I have convinced myself that the sound parts of a scalp when irritated by strong applications much more easily become a prey to the invasion of the tricophyton than when left alone or soothed, and hence that irritant applications not only often fail to cure the affected area but actually cause the extension of the disease. A commonly used routine remedy is Ung. Carbolici Co., having the following formula:

℞ Ung. Sulphuris. ℥ j
Acidi Carbolici. ℥ ij
Misce bene et adde.
Ung. Hyd. Nit. ℥ ij
Misce fiat unguentum.

I have long since ceased to use this, for it was a frequent observation to find that a fresh patch had appeared in spite of the fact that the scalp was being vigorously treated with it.

With regard to the second point, I obtain much more satisfactory

results since I have discarded ointments in favor of liquid applications. Indeed I now seldom use an ointment for this disease, the only cases in which I do being those of diffused ringworm, which present the appearance of an asbestos-like mycelioid mass on the surface of the scalp. Here a mild ointment containing gr. xv of carbolic acid with a similar quantity of precipitated sulphur to the ounce has a beneficial cleansing influence. Similarly a weak chrysarobin ointment (gr. x to the ounce) has its use. The rule of practice, however, remains.

I am accustomed to regard alcohol as a good basis of treatment, it being at the same time an admirable and cleanly vehicle for the conveyance of other parasiticidal remedies, such as carbolic acid, thymol or lysol. The following application I have found useful:

℞ Spt. Vini. Rect. ℥ ii
Camphoræ. ʒ i
Hydrargyri Perchloridi. gr. ii ad gr. vi
Misce fiat Embrocatio.

The addition of glycerine to spirituous applications is often of distinct advantage.

Lactic Acid in Lupus. — In many cases of tubercular lupus where much chronic inflammatory infiltration exists, with or without ulceration, the application of 75 per cent. lactic acid as a caustic is often beneficial, but it will be found that that smooth-surfaced stage of lupus in which the apple jelly-like nodules are superficial, closely approximated, and visible, is entirely unaffected by this acid, even when perseveringly used.

Resorcin in Xeroderma.—In my experience, resorcin has in xeroderma a much greater tendency to vesiculate or to form bullæ than it has when applied to the healthy skin, and much weaker applications suffice to do so. I have seen most extensive vesiculation produced by a 4 per cent. ointment in this disease, while great benefit resulted from the application of a 2 per cent. strength. This example strengthens the plea for dilute strengths of our topical applications in dermato-therapeutics.

Urticaria Papulosa: implication of the labial and conjunctival mucous membranes.—A male child, nine months old, was affected with urticaria papulosa of five months' duration. The rash was very evanescent, it would "come out and go away again in half an hour" The lips were often swollen from the occurrence of the eruption on their mucous surface, and the eyelids, too, were frequently similarly œdematous.

Alopecia Areata in a Sister and Tinea Tonsurans in a Brother, Simultaneously.—The following cases are of interest as bearing on the growing belief in the relation of alopecia areata to tinea tonsurans:

Nellie W., aged seven years, attended my clinique for alopecia areata and remained under my care from January till October, when the cure was complete. At the same time her brother Willie was a patient with tinea tonsurans. Nellie's alopecia appeared some time before Willie's head become affected with ringworm.

Alopecia Areata with Erythematous Patches on the Forearm.—Albert G. has multiple circles of alopecia areata of the scalp and there are some small, roundish, irregular-shaped plaques on the flexor aspect of the forearm. These are reddish in color and look like seborrhea or tinea circinata. A liniment of turpentine and corrosive sublimate quickly cured the forearm lesions.

Tinea Circinata Appearing in a Case of Alopecia Areata.—*Chas. L.* had several patches of alopecia areata as well as the general thinning of the hair or diffuse alopecia, often found coexisting with alopecia areata. There were no broken hairs. Seven weeks after his first attendance, and while the disease was being treated, there appeared a round patch the size of a penny piece of tinea circinata on the nape of the neck, and a fortnight later another similar patch on the side of the neck.

Scabies and Impetigo Contagiosa.—Scabies and impetigo contagiosa are commonly associated, and the impetigo may be conveyed to a part of the body quite unaffected with scabies, such as the face. A child, 8 years old, afforded an instance of several of the separate characters of the disorder. In the interdigital spaces of the right hand each burrow had apparently excited a pustule, while the corresponding part of the other hand presented only redness from scratching, no cuniculus being seen. A few spots of impetigo contagiosa, secondary and conveyed, existed about the mouth. The following is a very convenient and efficient formula for scabies and its attendant pustulation:

℞	Ung. Sulphuris.	℥ i
	Zinci. Oxidi.	℥ j
	Vaselin.	℥ j
	Resorcin.	ʒ i

M. ft. Ung.

An Instance of the Difficulty which may Attend the Diagnosis of Scabies.—Two sisters were brought to me; the one,

Gertrude, clearly had interdigital scabies, and the same disease with much eczema widely distributed on the body. There is, I am told, another sister, Florrie, who was first affected, and she, as well as Gertrude and Louisa, whose case I am about to briefly mention, all slept on one occasion at the beginning of the disorder in the same bed. Now Louisa presents a condition, the educational interest of which lies in the fact that, had she come under observation without such a clear and helpful history, she would, I venture to assert, never have been suspected of suffering from scabies even by the most astute specialist. The only lesions she presents are: (a) two dry-scabbed, isolated patches of ecthyma (impetigo contagiosa) about one knee; and (b) on the anterior fold of the right axilla a very innocent looking patch of erythemato-squamous eczema. The history caused me to look with very particular attention on this patch of eczema, which, she said, was very itchy, as were also the patches of ecthyma, on the leg.

In the centre of the squamous patch was one inconspicuous pustule about the size of a millet seed, and near it, when seen by a lens, were two unmistakable burrows. These latter would not have been detected in a patch of squamous eczema unless looked for with the preconception that they might be found; but that they were present there was no doubt.

It is a useful rule to put the question to one's self in all cases of impetigo contagiosa, "Is not the impetigo secondary?"

Its association when on the limbs with scabies, and when on the head and neck with pediculosis, are so frequent that I invariably find myself clearing up the point before labelling the case simply "impetigo contagiosa." The fact that the eczematous patch in this case was unilateral is, I think, a point of some slight importance. Eczema of this patchy kind is frequently strikingly symmetrical, although not necessarily so; and again scabies, like some other parasitic dermatoses, is generally very symmetrically placed. Still this particular instance impressed me that its one-sidedness was not accidental, and not without significance.

The Polymorphism of Scabies.—In an infant nine months old, the feet and legs of which were affected with scabies, the lesions were almost wholly lichenous, one or two pustules only existing on the dorsum of the foot.

Eczema Squamosum Around the Mouth with Eczema Vesiculosum of the Flexures of the Elbows in a Child

Nine Years Old.—The use of the following ointment resulted in very rapid cure :

℞ Ung. Simplicis
Ung. Glycerini Plumbi Subacet āā ℥ i
M.

Causes (!) of Pediculosis Capitis.—In a case of impetigo contagiosa in a child, due to pediculi capitis, the mother anxiously volunteered the information : "I must tell you, sir, she belongs to a very gouty family." We find in practice that, when the heads of children are infected with pediculi, the friends or parents are particularly ready with such-like observations. Another told me that a month previously the child had run a nail into its scalp. It is rather difficult to understand the mental attitude of a person who wishes it to appear that she believes such an occurrence would satisfactorily account for the presence of a moving mass of pediculi.

Coloring Ointments to Match the Skin.—The ordinary colors used by decorators and sold at oil and color shops may be used to effectually and cheaply give a skin-tone color to ointments and pastes. The following is a useful stock color :

"Light red."
"Yellow ochre," of each 1 part.
"White," 6 parts.

Mix. Twelve grains of this powder mixed with one ounce of zinc ointment, or other white ointment, give to it a good skin color.

A Phase of Urticaria Papulosa, in which the Disease is most Likely to be Confounded with Scabies.—Attention may be directed to a particular phase of urticaria papulosa, in which, without doubt, there is some general resemblance of the disease to certain manifestations of scabies. In inspecting carefully these children, as they are brought to the out-patient room week after week by more or less persevering though apt-to-be-discouraged mothers, a proportion of them, and not a small proportion, I think, will be found to present vesicular lesions especially, and sometimes exclusively, affecting the hands and feet. The vesicles are somewhat large, very distinctly visible, discrete, but with an envelope which is much tougher than that of a vesicle of eczema. The latter easily ruptures on pressure, but the vesicles of urticaria papulosa, on the contrary, resist considerable finger pressure, although most of them are destined to rupture before they disappear. These lesions resemble the parasitic scabies in their intense itchiness, which in both diseases is worse at night. The vesicles are generally almost

entirely free from surrounding inflammation ; in fact, they are the last visible trace of the gradually disappearing papule of the urticaria. The most attentive examination reveals nothing analogous to the burrow of scabies. Some emphasis has been given to the supposed diagnostic value in scabies of the linear arrangement of a group of lesions, but in a case of urticaria papulosa under my care there were, on one occasion, four discrete vesicles situated on the dorsum of the foot arranged in one straight line and with intervals of half an inch between them. A mistake in diagnosis is not likely to arise if the practitioner has the opportunity of keeping any particular case under observation for a time, but even in cases presented for the first time, and presenting only such vesicles as I have described, one or two of which have perhaps been rubbed or scratched beyond recognition, there are two diagnostic signs beyond those which I have mentioned, on which I am in the habit of placing reliance. These are,

(1) The evolution of the lesion, and

(2) The history of the case.

If the mother is carefully questioned, there will generally be no difficulty in eliciting the fact that the vesicle began two or three days before in an ordinary urticarial papule such as occurs on the trunk of the child, and that the redness gradually subsided, leaving the present vesicle. With regard to the second point, these cases are often entirely free from any manifestation of their disease for days together, when, from some reason, a relapse occurs, and suddenly and simultaneously there appears distributed over limbs, face and trunk, and it may be even scalp, soles and palms, a more or less thick crop of lesions running through the well-known stages of their evolution. If, then, there can be secured a clear story of entire freedom from trouble for perhaps a week, followed by a relapsing attack, there is very strong evidence indeed against scabies, in spite of any superficial similarity of the general aspects of the case with that disease.

Infant Mortality in Paris.—More than 155,000 children under one year die annually in Paris, the greater number of them owing to neglect on the part of their mothers. The proportion of illegitimate births, which at the beginning of the century was four or five per cent of all births; is now nearly nine per cent for France and twenty-eight per cent for Paris. Among the children of Paris wet nurses the average mortality is seventy-seven per cent.—*Med. Rec., 1896, xlix, 285.*

A CASE OF CONGENITAL HYDROCEPHALUS.

By P. D. Winship, M. D., M. D.
Surgeon G. N. R. R., Park Rapids, Minn.

CASES of congenital hydrocephalus are so rare that I deem this one of sufficient interest to report.

On the 18th of February I was called by a midwife to a

Congenital Hydrocephalus.

case that was not progressing favorably. I found a breech presentation. The feet and the body to the umbilicus was protruding.

The attendant, who was an old and experienced accoucheuse, told

me it had been in that condition for about half an hour and that all pains had ceased.

A careful examination showed that the child was dead and the uterus tightly constricted about its neck. The neck was held in a vicelike grip and it was impossible to move it. I recognized the hour-glass contraction and also a mass within the uterus. I was very tired, having attended two other labor cases during the ten preceding hours, and I called to my assistance Dr. C. W. Cutler. We immediately placed the woman under chloroform and began dilatation of the uterus with the wide blades of the forceps.

By firm traction on the feet we held all we gained and soon discovered we had a hydrocephalic head. The cranium was immediately punctured and relieved of the accumulated fluid, when traction soon delivered the child.

Examination after delivery verified our diagnosis. We found the following: A well nourished, well developed male fetus, weighing 12 pounds; height, 30 inches; circumference of head, after it was emptied, 32 inches; parietal bone thick and well developed; frontal bones thick and well developed; occipital bones soft and undeveloped.

The mother was a primipara of medium size and quite healthy. There was no history of syphilis or tuberculosis. Of Scotch descent, the father had an equally good record. The pregnancy was uneventful, the mother suffering no inconvenience during this period.

The child was delivered without accident to mother, with only a slight tear to fourchette. Fortunately the pains ceased at the time of delivery of the feet, thus lessening the danger of rupture of the uterus.

The case is unique both from the congenital hydrocephalus of enormous size and by being complicated with hour-glass contraction. In a practice of 30 years this is my first case of congenital hydrocephalus.

Herpes Zoster.—The prognosis of zoster is good, save when the forehead and eyeball are affected. Suppurative panophthalmitis and destruction of the globe sometimes occur in spite of all our efforts to save the organ. Obstinate neuralgias that may plague the patient for years may be left behind; but recovery is perfect, as a rule, when the disease ends.—*Gottheil, Med. Rec., 1896, xlix, 286.*

EXAMINATION OF CHILDREN IN MEDICO-LEGAL CASES.

By Justin Herold, A. M., M. D.
New York.

YOUNG children, as a rule, have very hazy ideas as to right and wrong, and nothing is gained by getting their confidence, for they are only too eager and too willing to agree with the physician who may be examining them. He is frequently led astray by erroneous conclusions from ambiguous statements, which, when brought out in the witness-chair, are rent asunder by the opposing counsel. In examining a child preparatory for, or previous to testifying, one visit is never sufficient; you must enter upon terms of friendship with the child, and, above all, remember that the mere presence of any one interested will cause the child to make contradictory statements in regard to the facts of the case.

Habits, traits of character and susceptibilities must be included in your notes. If you can induce your subject to tell you the facts from beginning to end you are certain to receive a straight story. In this manner the salient points valuable to the examiner for discussion upon the witness-stand can be ascertained in a short time. A great amount of questioning is unnecessary unless it be to make more positive the essential features of the case.

By all means take notes, if not of the whole case, at least of the points for presentation to court and jury. As members of an honorable profession you cannot afford to perjure yourselves; testify to facts only, answer questions without giving lengthy explanations, and remember that if you are in the right, despite the pushing practices of an opposing lawyer, you can always appeal to the "Court."

Testimony before a jury, interspersed with statements that are inharmonious, is harmful. Take time in answering, and if the question is not quite clear, have it repeated. Base your testimony upon what you know from physical and oral examinations, not from what you think. Testify plainly, using simple terms without any flourish or unnecessary language. Have your facts well digested and deliver them calmly and logically.

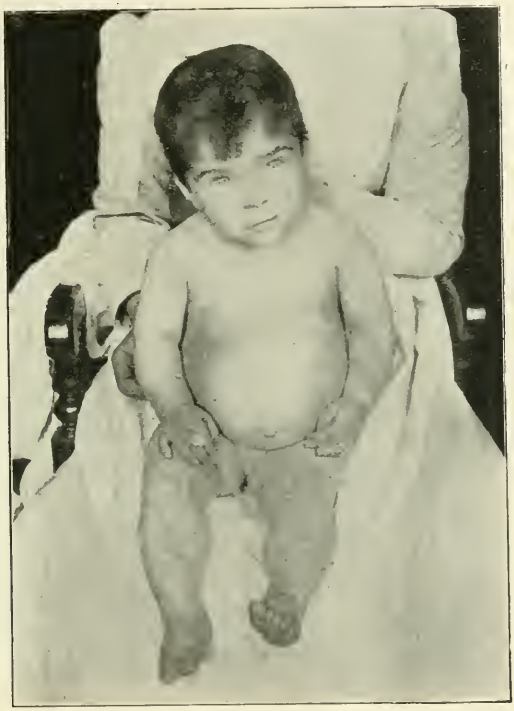
MEDICAL CHRONICLE
OWENS COLLEGE

A CRETIN TREATED BY THYROID FEEDING.

By JAMES TAYLOR, M. A., M. D.

Assistant Physician, National Hospital for the Paralyzed and Epileptic, Queen Square; Physician to the North Eastern Hospital for Children.

IT seems almost superfluous to adduce further proof of the efficacy of Thyroid feeding in Cretinism. But the isolated examples even of the success of this treatment are so striking both in regard to appearance and disposition that they must always



excite interest. The instances in which the medication has been applied at an age early enough to prevent the interference with development which cretinism implies are unfortunately extremely rare, but, on the other hand, those in which remarkable modification has taken place are fortunately common. I have thought that a brief note on the case illustrated by the accompanying photographs might be interesting, because not only was the change in the child's appearance striking, but this was accompanied by changes both

physical and psychical, which were both unmistakable and gratifying.

C. S., aet. 4½, was seen by me in the out-patient room at the National Hospital for the Paralyzed and Epileptic, Queen Square, in July, 1893. Dr. Hughlings Jackson was kind enough to allow me to have the patient under my care in the hospital, where she was admitted on the same day on which I first saw her. On admission the patient was, as the first photograph shows, a typical

cretin, with the loose, pendulous, waxy looking skin, the scanty dry hair, and prominent umbilicus usually associated with this condition. The child had no teeth, had never had any, and was unable to talk, and the only attempt at phonation was a hoarse croak. She was at once put on Thyroid treatment, the gland being administered in the form of powders manufactured by Mr. Allen Kilburn. Of these powders one is equivalent to one-sixth of a sheep's gland. At first one-half powder was given, later this was reduced to one-quarter, and in two months the result was very striking. There

was a rapid eruption of teeth, the hair became abundant and much less dry, and the child's appearance underwent a remarkable change, as the photograph shows. A somewhat restless destructiveness had replaced the apathy, but no attempt at speech was made. Progress continued after this uninterruptedly, although not of such a rapid character. The destructiveness diminished greatly, she began to walk, and her legs gradually gained in strength. Now, after more than three years, she is able to toddle about fairly well, her appearance is in no way peculiar, her intelligence seems fair, but she can only use a few familiar words. She still takes the Thyroid powders, and her health generally is excellent. Whether the future will show a still greater advance in physical and mental development, is doubtful, but the indications are such as to make it very desirable to continue the treatment.

Notes on an Epidemic of Enteric Fever among Children.--BOND (*Va. Med. Monthly, 1896, xxii, 1027*) reviews an epidemic of twelve cases of enteric fever, which occurred in a home for destitute children, and in closing drew the following inferences :

That children often bear high temperatures well in this disease.

That full baths should be very carefully and judiciously applied, if at all.

That the disease in children under five years of age may easily be mistaken for other digestive disorders or for bronchitis.

That albuminuria coming on during the fever does not necessarily lessen the chances of recovery.

That gangrene of the mouth, if superficial, may, in some cases, be cured by permanganate of potassium washes, without caustics.

That digestion ought throughout the disease to be aided by pepsin or pepsin and acid.

That great care ought to be used for the prevention of accumulations of ill-digested, foul and irritating food residues in the bowels at any time from the inception of the disease far into convalescence. At the very beginning the bowels should be *thoroughly* cleaned out. Later, if there is not depressing diarrhea, occasional one-tenth grain doses of calomel should be used. If there is constipation, small doses of epsom salts should be regularly administered as described.

DIAGNOSIS OF ACQUIRED SYPHILIS IN INFANTS AND YOUNG CHILDREN.

By GEORGE T. ELLIOT, M. D.

Professor of Dermatology in the New York Post-Graduate Medical School, etc., etc.

THE receptivity of infants and young children to the syphilitic poison is as great as that of adults, and they are as readily infected. With them, however, the source of infection not being sexual intercourse, the site of inoculation is most usually extragenital, particularly about the mouth, though it may be upon the genitals or on any other portion of the body. After the disease has been communicated, there is in children as in adults a period of incubation of variable duration—two to six weeks—and then the development at the site of inoculation of an initial lesion—the chancre. This may present all the characteristics of the same lesion in adults, having an indurated base and being either eroded or ulcerated, but more often in infants it is represented by a papule. Following the appearance of the chancre, there is a second period of incubation, during which there are no further symptoms, except the very important enlargement of the lymphatic glands nearest the initial lesion and the steady implication of the other glands, that is, a polyadenitis developes. At the end of four to six weeks, perhaps a little longer, a slight deterioration of the general health is noticed, the infant or child becomes restless, peevish and irritable, a moderate elevation of temperature may be noted ; if the child is old enough, headache and general pains are complained of, and after a few days a roseola appears over the body, but especially on the trunk. This eruption may be very slight or severe, remain a few weeks and disappear, or become merged into a papular eruption. When it disappears, a period of quiescence of variable duration may follow and be broken by outbreaks of papules, or of papulo-pustular lesions, with the development of mucous patches in the mouth, of condylomata lata about the anus, vulva, or on surfaces constantly moist and in contact with each other. Iritis may occur, the long bones become affected, and in other words those one and other manifold and polymorphous symptoms pertaining so peculiarly to syphilis may arise and follow each other. After the development of these evidences of active syphilis, there may be an entire cessation of all phenomena for a greater or lesser period of time, or there may be an immediate passage into the late or tertiary stage, with its grave cutaneous and other manifestations, so prone to be of a destructive nature and to

cause irremediable or at best disfiguring and lamentable results to the tissues involved, and so prone, when early and energetic treatment has not been carried out, to expose the patient to relapse after relapse and to all of the dangers and vicissitudes of tertiarism. From the picture which has been drawn, it can be seen that syphilis, when acquired by infants and children, differs in no particular in its course, general symptomatology and effects, from the same disease in adults. It can only be said that in the former its manifestations are more intense and extensive, and its effects upon the organism in general more severe, greater care being, therefore, necessary to ward off the material dangers due to its presence.

There are, however, occasions presenting themselves in practice, when the important question arises as to whether an infant bearing the insignia of the disease is a subject of acquired or of hereditary syphilis. There may be no history obtainable as far as the parents are concerned, no history of a primary lesion, and even this having been present, it may have disappeared ; so that there is no clue to the origin of the existing symptoms. Under these circumstances, the differential diagnosis between the acquired and the hereditary form of syphilis is not always easy, but in the majority of cases certain features aid greatly in arriving at the proper conclusion. If the infant has acquired its syphilis after birth, a chancre may or may not be present, but polyadenitis will be found, and the cutaneous eruptions appear only after the third month of life. The symptoms and course are, moreover, only those pertaining to the secondary stage of syphilis, and the general nutrition of the infant suffers to only a minor degree.

On the other hand, hereditary syphilis, having such a grave effect upon nutrition, will impress upon the infant a marasmic appearance, polyadenitis will be absent, the cutaneous eruptions begin much earlier, often a few days after birth, commonly about the third week, sometimes later, but yet within the third month of life. Pure secondary lesions will not alone be present, but generally tertiary symptoms coexist.

The question may, however, arise in regard to a child of more advanced age, or one who has arrived at puberty, and we then find the individual hereditarily syphilitic is generally poorly nourished, infantile in appearance, younger than his age, both mentally and physically ; it presents anomalies of development of the bones, possibly traces of interstitial keratitis, defective and notched teeth, enlargement of the liver, etc., whereas, the subject of acquired syphilis is not poorly nourished, is well developed for his age, and

is conspicuous by an absence of those other symptoms just mentioned. As far as the manifestations on the skin are concerned, they may be the same—tertiary lesions—and thus present no differential peculiarities, but it should be remembered that an eruption of lesions of the secondary stage appearing in late childhood is indicative of an acquired and not of an hereditary syphilis.

Of course the points of differentiation, which have been mentioned, vary within wide limits, may be very distinct or only slight, and I do not mention them as being positive, but only as aids in many instances, in which all other concomitant factors being appreciated and estimated, they may enable a definite conclusion to be reached. The importance of distinguishing between the acquired and hereditary syphilis is greater in infants than it appears upon the surface. The prognosis as regards the child is thereby materially influenced, and also that of other children born of the same parents, while the recognition that the syphilis is hereditary will also possibly elucidate many obscure questions of diagnosis in both the children and the parents. Moreover, it certainly is not a slight matter for an infant born of healthy parents to acquire syphilis from some source or other, and then to infect some one or all the members of its family, occurrences unfortunately recorded far too frequently in literature. If the case is of hereditary origin, then the parents have nothing to fear, and any special precautions in regard to the relations between them and the infant are not of consequence or called for.

Besides the question just touched upon, there is another concerning acquired syphilis, which has frequently been of medico-legal value. We may suppose that a child previously healthy, as far as known, develops syphilis shortly after having been vaccinated How can it be determined that the symptoms are the outcome of inoculation of the disease at the time of vaccination, or the result of a latent hereditary syphilis awakened into activity by the influence of the vaccine virus? We may in general state that if the child is inoculated at the time of vaccination, then, irrespective of whether a normal vaccine pustule has developed or not, there arises at that site two to four weeks later an induration or an ulceration with an indurated base. The nearest lymphatic glands become enlarged and polyadenitis gradually ensues, and in from six to eight weeks a general eruption makes its appearance. On the other hand, normal course of vaccination lesion, no induration, no adenitis, development of constitutional syphilis very early and not later than in four weeks are positive evidences that the child was syphilitic pre-

vious to the vaccination. Between these typical instances, in which there is the presupposition that the whole course of the process has been under observation from the date of vaccination to the outbreak of the eruption, there are many possibilities and at times the diagnosis may be most difficult. A child with latent syphilis may develop an induration in the scar; or the patient may not come under care until the initial lesion has disappeared, the early eruption has faded, and all the dates bearing upon the question have been forgotten. Under such circumstances, it is necessary to examine carefully every point in the history; the child from whom the vaccine crust was obtained should be thoroughly looked up as to past and present history, and every other factor would need to be rigidly investigated in the patient's family and surroundings. Even then, however, it will at times be difficult to arrive at a definite conclusion, though the chronology of the eruptions of syphilis may furnish some aid, in so far that early manifestations of the disease occurring some years after birth, in childhood or at puberty, would exclude their hereditary origin. The differential diagnosis between the cutaneous syphilides occurring in acquired syphilis and all those other eruptions which may resemble them is too extensive to be taken up, but there are some which should be mentioned, such as roseola or erythema infantile. Due to gastric derangement, intestinal worms, dentition, or arising in the course of some general and systemic disease, it occurs especially over the trunk, and to a lesser extent over the face, and in the form of rose red macules or a punctate rash. It persists for a few hours or a day or two and then disappears without desquamation. On the other hand, the macular syphilide is of a bright or brown red color, persists as a rule for several weeks, and disappears gradually in infants with slight or considerable desquamation, and is preceded and accompanied by the polyadenitis and other systemic symptoms already mentioned. Erythema vacciniforme might likewise suggest the macular syphilide, but it appears one or two days after vaccination, or not until the eighth or ninth, when pustulation is beginning. The macules are of a bright or purplish red, they are primarily isolated, but show a tendency to coalesce and to form more or less large patches distributed over the extremities and trunk, and they disappear rapidly and without desquamation.

Other forms of erythema could scarcely enter into the category of differential diagnosis, nor could eczema, so common a cutaneous disease in children. Impetigo contagiosa, however, if abundantly

distributed over the body, located also on the palms of the hands and on the soles, accompanied as it sometimes is by enlargement of some of the glands near to the lesions, may be mistaken for a pustular syphilide. If, however, it is noted that the lesion representing the latter is a pustule on an indurated base—a papulo-pustule—and that when it is ruptured, or the crust forming is removed, a sharply punched out ulceration is exposed, which on healing leaves scars, it would not seem possible to confound it with that banal eruption, beginning as superficial flaccid pustular lesions of varying size, which are autoinoculable, tend to undergo peripheral growth with progressive central involution, which do not have indurated bases, do not ulcerate or leave scars, but disappear after a variable duration and history. Psoriasis may suggest the papular syphilide, particularly as desquamation of the specific eruption is not unusual in children. It should be remembered, however, that psoriasis is very uncommon in early childhood, that its special localization is over the elbows and knees and extensor surfaces of the extremities, that the palms and soles are very exceptionally attacked, no matter how extensive the eruptions, that its lesions are superficial, tend to enlarge peripherally and are subject to marked desquamation. In these capital particulars psoriasis differs altogether from a papular syphilide, and upon them the two processes may be easily differentiated one from the other.

Any number of dermatoses may be called into consideration in making a differential diagnosis from syphilis, but it appears unnecessary to do so in view of the general and special features of the disease which have already been enumerated. Syphilis in its mode of inception, course and characteristics bears an impress distinctive and of its own, and if careful attention is given to the phenomena which it presents, there should be little risk of confounding it with other banal or severe dermatoses of different origin.

PRACTICAL NOTES.

Serum Therapy.—Schaefer after considerable research discusses this subject, with the following general results: 1. Tuberculosis. Treated with serum obtained from refractory animals by Richet and Héricourt without definite results up to present time. 2. Rabies. Immunization by vaccination gives better results than serum treatment. 3. Pneumonia. Serum from immunized rabbits is difficult to obtain, consequently this treatment has not been used to any great extent. The subject is promising enough to deserve further investigation. 4. Enteric fever. Good results have not been obtained in practice, though laboratory experiments are very promising. This may be due to mixed infections or to length of time between the penetration of poison and the treatment. 5. Typhus. Legrain during an epidemic in Algeria used the serum from patients who had suffered from this disease, with good results. 6. Cholera. Cholera in man is different from that in animals. Nothing definite is known as yet, but Behring announces that he has a curative serum. His researches are not yet published. 7. Syphilis. Sometimes good results have been effected with the serum from dogs and lambs. 8. Streptococcus infection. The serum from animals immunized by vaccination has been employed with good effect in angina, erysipelas, and puerperal fever. 9. Cancer. There are no satisfactory results thus far. 10. Tetanus. This affection is very hard to cure in animals and no conclusive results have been obtained in man. The serum, however, acts as a prophylactic agent against tetanus. 11. Diphtheria. Here it is that the serum treatment has scored its most remarkable triumph. The few accidents that have occurred may be overlooked when we consider the wonderful success that has been attained. Serum treatment has also proved useful in snake bites and it may have a brilliant future.—*Arch. Gén. de Méd.*,—*Med. Rec.*, *1896*, *xlix*, *264*.

Friction with Salt for Urticaria.—Dr. Meynet advocates the following simple measure as very effective in allaying the itching that results from urticarial lesions. Moisten the wheals with

cold water and rub with kitchen salt for ten or fifteen seconds. A slight burning followed by a pleasant sensation of coolness is felt; then the itching decreases or ceases entirely and the papules usually disappear. Zinc ointment or rice or almond powder may then be applied. When the urticaria is extensive different parts may be treated successively in order to avoid too great irritation. This need not interfere with other treatment, such as dieting, or a purgative if the urticaria be of toxic origin. Lukewarm baths may prove beneficial.—*Revue de Médecine et de Chirurgie,—Med. Rec., 1896, xlix, 265.*

Malted Cod Liver Oil Emulsion.—The following is accounted an excellent formula for the preparation named:

MALTED COD LIVER OIL EMULSION.

Cod liver oil,	8 ounces.
Extract of malt,	8 ounces.
Yolks of egg,	two.
Tragacanth gum, powdered,	16 grains.
Hot water,	1 dram.
Essence of lemon,	10 minims.
Essence of bitter almond,	10 minims.

Weigh the extract in a ½-pint graduate and add the warm water to thin it, stirring quickly. Beat up the two yolks in a mortar with the powdered tragacanth and add the oil and extract alternately, lastly the flavoring essences, which may be varied to suit the taste.—*Am. Druggist, 1896, xxviii, 129.*

Creamy Emulsion of Cod Liver Oil.—

℞	Cod liver oil,	500 parts.
	Finely sifted sugar,	190 parts.
	Pulv. gum arabic,	
	Pulv. gum tragacanth, aa	5 parts.
	Infusion of coffee,	200 parts.
	Rum,	100 parts.

Mix the sugar and gums in a mortar, and in the bottle which will contain the emulsion shake together the oil and cold infusion of coffee. Pour a sufficient quantity of this liquid into the mortar to make a paste, while stirring, add to the portion remaining in the bottle the rum, and then gradually incorporate it with the emulsion. —*Therapeutic Gazette,—N. Y. Polyc., 1896, vii, 54.*

Asthma.—Peribronchitis, emphysema and nasal reflexes are the main causes. Those cases depending on peribronchitis and

emphysema are more frequent. In them the protracted use of three daily doses of from two to five grains of potassium iodide, together with a sufficient bed-time dose of chloral or of an opiate to meet the night attack, will have favorable results. Tincture of lobelia, two or three drachms, fluid extract of quebracho or of grindelia, one drachm daily, will often have a beneficial effect in high degrees of dyspnœa. The inhalation of stramonium, of nitrate of potassium paper, or of pyridin vapors, is often resorted to ; unfortunately with so little permanent result as to give any number of proprietary medicines and nostrums a large field of activity.—*A. Jacobi, Therapeutics of Infancy and Childhood, page 328.*

Whooping Cough.—

℞ Infusion of belladonna-leaves (7½ gr.) in distilled water, fl. ℥ vi.
Antipyrin, gr. xv.
Simple syrup, fl. ℥ i.
M. A teaspoonful every two hours.

—*Eschle, Med. Rec., 1896, xlix, 286.*

Treatment of Herpes Zoster.—Give at once a laxative and apply on a sheet of cotton the following powder :

℞ Starch, 60 grains.
Oxide of zinc, 15 to 20 grains.
Powdered camphor, 1 to 3 grains.
Powdered opium, 1 grain.
Mix.

—*Times and Reg., 1896, xxxi, 192.*

For Reducing Heat in Scarlet Fever.—J. Lewis Smith, in the new edition (eighth) of his treatise on the Diseases of Children, says that as an agent in reducing heat without producing depression, the following prescription has given him better results than any other :

℞ Ol. Cinnamomi, gtt. v ;
Phenacetinæ, ʒ ii ;
Sodii bromidi, ℥ ii ;
Caffeini citratis, gr. xv ;
Sacch. lactis, ℥ i.
Misce. Divid. in chart. No. xv.

Sig. To a child of ten years give one powder every three or four hours ; give half a powder to a child of five or six years.

Editorials.

BONE MARROW IN THE TREATMENT OF ANÆMIA.

THE recent appearance of an original article on the treatment of anæmia by bone marrow, from Dr. R. L. Watkins, and of a signed editorial in the *Medical News*, by Dr. Joseph Collins, both setting forth the advantages to be obtained by the administration of bone marrow in anæmia and progressive pernicious anæmia, prompts us to a few remarks anent the former condition, particularly as it occurs in children.

We are now in possession of sufficient evidence from reliable clinical observers to convince us that this form of therapy is of some real utility, and is an important addition to our therapeutic resources in the treatment of this disease. Naturally, as the real causes of anæmia, and we may say, also, progressive pernicious anæmia, as the latter is probably the former in a more intense form, are not, as yet, entirely understood—that is, whether anæmia is due to excessive hemolysis or defective hemogenesis, we are at a loss to know how this substance acts—that is, whether it adds something to the blood tissue which prevents destruction of the blood corpuscles, or whether it stimulates the manufacture of blood corpuscles. Deprecating this want of knowledge as we do, it should not prevent us from administering the substance empirically, if we may so call it, and collating our results, until such time that evidence will be adduced to prove or disprove anything more than a temporary or evanescent value. Anæmias occurring in children are, aside from those which are dependent upon inherent defect in the hematogenous organs, sequences and consequences of infectious and chronic diseases. These forms of anæmia are strictly symptomatic and generally of short duration. It may, however, become chronic, and then is not to be differentiated from idiopathic anæmia, and requires practically the same treatment. It is in these cases of chronic symptomatic anæmia, that is chronic in reference to the point of time as well as in cases of chronic anæmia due to some slowly progressing diseases

of the internal organs and viscera, and likewise in the idiopathic anæmia of children, that bone marrow should be given a trial. The fact that its administration is not attended with any disagreeable symptoms, that children take it as readily as cod liver oil, and the fact that there is no such thing as a poisoning dose of it, are virtues that recommend its administration. It should be looked upon as a food—a food possessed of therapeutic qualities—and as such its use deserves a trial in the forms of anæmia above mentioned.

A Successful Case of Transplantation of Teeth.—E. S. PETTIJOHN reports that his daughter, aged two years and nine months, fell down the cellar stairs and struck the two upper middle incisors on the edge of the steps, extracting them as completely as if by forceps. The alveolar processes of the right tooth were fractured and the gum lacerated the entire length of the root. After the fright and crying, which continued a half hour or more, the child was rocked to sleep in the arms of her mother. We found the teeth on the cellar steps uninjured. They were placed in a normal saline solution of tepid temperature. On the arrival of an assistant with the chloroform for anesthesia, the child was sleeping quietly. Chloroform was administered without the child awakening, and the teeth were placed within their sockets and pressed into position, the edge of each tooth fitting firmly in a groove of one blade of a forceps, the hand of the operator being placed on the back of the head, with the pressure properly directed. The gums were cleansed antiseptically and the teeth left in position without further dressing or application.

The accident occurred about 2 o'clock, and when the child awoke from her sleep at 5.30, her teeth were in place. The teeth had been out of the mouth fully an hour. Milk and soft food were administered and the lacerated edges of the gum cleansed after eating. Healing of the gums occurred by first intention.

It is now over four weeks since the teeth were placed, and they are now solid, in good position, and of normal color. The gums are normal in color and consistency and the appearance of the mouth quite natural.

He reports this as a successful case of transplantation of teeth that had been out of the mouth over an hour, and as another case of chloroform anesthesia during natural sleep.—*Memphis M. M., 1896, xvi, 73.*

Book Review.

OUR GROWING CHILDREN, WITH SPECIAL REFERENCE TO THE PHYSICAL EDUCATION OF THE WEAKLY.

By GERARD SMITH, M. R. C. S.
104 pages, 2s. 6d. London, John Bale & Sons, 1896.

THIS little volume treats mainly of the prevention and home management of postural deformities. It is written in a careful and moderate spirit and abounds in hints of practical value on the physical education of children.

Much can undoubtedly be done in the prevention of postural deformities by a correct hygiene, in which abundant exercise, preferably out of doors, will form an important factor, but the autho r correctly recommends that all serious cases should be placed under surgical direction. The book contains much that should be more generally known and heeded by parents and guardians.

HENRY LING TAYLOR, M. D.

New Books.

BROTHERS, A. Infantile Mortality during child-birth and its prevention. (P. Blakiston, Son & Co., 1896).

EWALD, C. A. Die Erkrankungen der Schildrüse, Myxödem und Cretinismus, 1896.

MOBIUS, P. J. Die Basedowsche Krankheit, 1896.

SOLTMANN, O. Neber die Erfolge mit Diphtherie-Heilserum, 1896.

NEUMANN, H. Oeffentlicher Kinderschutz. 262 pages. (1895. G. Fischer, Jena).

SHUTTLEWORTH, G. E., B. A., M. D. *Late Medical Superintendent, Royal Albert Asylum, for Idiots and Imbeciles of the Northern Counties, Lancaster, etc.* Mentally Deficient Children: Their Treatment and Training. Six plates and five illustrations in the text. 140 pages. (London, H. K. Lewis, 1895).

SCHURMAYER, VON, DR. BRUNO. Die Diphtherie, ihr Wesen, Ursache und Bekämpfung mit Berücksichtigung der Therapie, insbesondere der Serumtherapie (Antitoxin-Behandlung). Hanover. 131 pages. (Leipzig, B. Konegen, 1895).

HAMMARBERG, VON, DR. CARL. Studien über Klinik und Pathologie der Idiotie nebst untersuchungen uber die Normale Anatomie der Hirnrinde. Seven plates, 127 pages. (Upsala. Edv. Berling, 1895).

Society Report.

BRITISH ORTHOPŒDIC SOCIETY.

The first annual meeting of this society was held at the Royal Orthopœdic Hospital, Oxford street, on Wednesday, Dec. 18, 1895.

Present: Messrs. Ewens, Vincent Moxey, Jackson Clarke, Openshaw, D'Arcy Power, Reeves, B. E. Brodhurst, Keetley, Sunderland, Little and the Hon. Secretaries, Messrs. Luke Freer and A. W. Tubby; also, as visitors: Messrs. Baker, Sayers and Tombs, and Drs. Moulonguet (Amiens) and Calôt (Berch-sur-Mer).

Mr. Brodhurst was voted to the chair. The Hon. Treasurer's and Hon. Secretary's reports were read and adopted. The latter, after mentioning the satisfactory state of the membership for the first year, went on to state that "it had long been felt by those interested in orthopœdic work, that the subject demanded more concentrated attention than could be given by the various societies in existence." This feeling found its expression in an informal meeting, held at University College, Bristol, on Friday, August 3, 1894, during the meeting of the British Medical Association in that city. The result was, that the formation of the society was determined on there and then, and Mr. Luke Freer consented to undertake the duties of Honorary Secretary pro tem.

The first general meeting was held at the Holborn Restaurant, on Saturday, Nov. 3, 1894. Mr. Keetley was elected Honorary Treasurer, Mr. Luke Freer, Provincial Honorary Secretary, Mr. A. W. Tubby, Town Honorary Secretary, and a Council of ten was formed.

The society now consists of 31 members.

Four meetings have been held, three in London and one in Liverpool, where we received most cordial welcome and much kindly hospitality. The incidents of the meeting included visits to the Royal Infirmary, Southern Hospital, and the Children's Infirmary. The collections of orthopœdic cases shown at the evening meeting were unique in excellence and interest.

The meetings have been well attended, and have been characterized by sustained interest and enthusiasm.

The communications brought forward have been full of interest in all branches of orthopœdic surgery.

One of the features of a society like this should be the annual

publication of its transactions. In the American Orthopœdic Society's Transactions we have a model to follow and an example to emulate, and it is to be hoped that we shall be able, without unduly straining our resources, to publish yearly a volume in which the collected experience of members will be presented to the profession at home and abroad in a manner worthy of wide recognition on account of the merits of its contents and the excellence of its illustrations.

Mr. Keetley was re-elected Honorary Treasurer.

Messrs. Reeve, D'Arcy Power and Gratton having retired from the council by ballot, Messrs. Openshaw, Brodhurst and Rawden were elected to fill the vacancies.

It was resolved "that a sub-committee, consisting of Messrs. Reeves, D'Arcy Power, the Honorary Treasurer and the Honorary Secretaries be authorized to deal with the publishing of transactions."

An ordinary general meeting was held immediately after the annual meeting.

Mr. Reeves showed a case of congenital hip dislocation, and demonstrated his instrument for extension and counter-extension in such cases. Mr. Keetley also showed a case strongly resembling congenital dislocation of the hip. In the discussion that followed, Mr. Keetley stated that the remarkable degree of wobbling seen in the gait of the little girl he exhibited, co-existing with some lordosis, led him to ask, Can this be an early stage of one of the cases which, after the age of 3 or 4, gradually assume the characters of congenital dislocation of the hip, the femoral head slipping higher and higher and getting looser and looser? But on examining it again carefully, he believed it to be simply a case of rectangular position of the neck to the shaft of the femur—"varus of the neck." The latter condition is more frequently associated with genu valgum, and it seemed to him reasonable to suppose that the femoral neck deformity was then the primary curve and the genu valgum a secondary or compensating curve, although the condition of the femoral neck escapes notice for obvious causes, and genu valgum, owing to its obtrusiveness, is always regarded as the primary curve. A rachitic femur would, from its shape, be likely to bend at the angle of the neck and shaft before yielding in any other situation.

Mr. Reeves said he was indebted to Mr. Keetley for having shown this case. It was quite possible for surgeons to make a mistake between coxa vara and congenital dislocation; therefore, such

cases were interesting from a diagnostic point of view. He thought that the case Mr. Keetley had shown was one which would be best left alone. Referring to his (Mr. Reeves') instrument for congenital dislocation, an attempt was made, in the first place, to replace the head in the acetabulum by manipulation, as in a traumatic dislocation. If that should fail, he would proceed by a method modified from Paci; he then placed the limb in the apparatus, which permitted of a double extension, so to speak, and, at the same time, allowed the child to walk. In this apparatus it was necessary to be on the lookout for mechanical stiffness of the knee. He had tried dorsal decubitus, and had not found it successful. As to the open method of treating congenital dislocation, he had not once performed any operation of this description. He did not believe in operative procedures for these cases, and would not until he was fully convinced that, after the operation, the cure was permanent. He did not think this could be so, because there was not depth of bone enough to hold the femoral head in place; if there was sufficient depth, then anchylosis, and not good movement, must necessarily ensue.

Mr. Brodhurst said: Congenital dislocations of the hip, as they are generally understood and as they are described in museums, may be divided into four categories, namely:

1st. Dislocations occurring *in utero* at a time probably when development is yet incomplete.

2d. Those which are produced at birth, and in which both the acetabulum and the caput femoris are perfect.

3d. Displacements which result from inflammation and destruction of the joint.

4th. Malformations, where the head of the femur is imperfect and the acetabulum is absent, or its position only is indicated.

Thus, congenital dislocations of the hip belong to the first class alone, for the second and third classes are non-congenital, and the fourth contains simply malformations; yet, these various conditions are described as congenital dislocations, and as though they owned a common cause. Of these varieties, the second only can be treated with certainty and advantage; but this class admits of complete restoration, so that not only may the head of the bone be replaced in the acetabulum, but mobility will be perfect as well as the length of the limb. If dislocation is discovered when the child begins to walk, or within three years of age, reduction may be effected immediately, as in ordinary dislocation; but, if the acetabulum has become filled with fatty and fibrous substances, these must first be

cleared out with the curette, so that the femoral head may be deeply and firmly lodged, and, if muscular retraction has taken place, such muscles must be divided, namely, the trochanteric muscles and the adductors. It is useless to draw down the head of the femur when these muscles are retracted, for displacement again takes place so soon as extension is remitted.

Dr. Calôt also spoke on the subject at the invitation of the chairman, dwelling mainly on the results of various measures adopted in France in such cases.

Messrs. Baker and Walsham had on view some interesting cases of congenital absence of fibula.

Mr. Brodhurst showed a cast of a severe case of talipes equino-varus.

Mr. Ewens showed casts of a severe case of talipes calcaneo-valgus in an infant.

Mr. Baker demonstrated the action of his wrench for talipes equinus and varus.

The meeting terminated with a vote of thanks to the committee of the Royal Orthopœdic Hospital for the use of their board-room for the meeting.

Treatment of Diphtheria in France.—M. Monod, the officer of health to the French Home Office, in a recent report gives the number of deaths from diphtheria in the one hundred and eight large towns (with over twenty thousand inhabitants) of France in the first six months of 1894 and 1895—that is to say, before and after the introduction of the antitoxin treatment. The returns not only denote a very great diminution, but one that is constantly progressing, from fifty-six per cent in January to seventy-four per cent in June. The number of deaths from diphtheria in these one hundred and eight towns in the first six months of 1894 was 2,626, and in the same period this year, 904.—*Med. Rec., 1896, xlix, 270.*

NOTES ON TREATMENT.

INCONTINENCE OF URINE.

Find the cause and remove it as soon as possible. General anemia and muscular debility indicate a carefully selected *diet*, general *massage*, *baths* and *iron* or *arsenious acid*. Attention must be paid to the capacity of the bladder and in every case the *quantity of fluid* must be restricted. When the sphincter of the bladder is irritable and weak, *strychnia*, *ergot* or the *electrical current* is indicated.

Elevating the hips on a pillow or lifting the foot of the bed, by preventing the urine from irritating the neck of the bladder, often serves a useful purpose.

The rectum must be free from irritating matter, as *worms*, etc., and must be kept empty, especially at night. All digestive disorders should be corrected, and oxalic acid, sugar or an excess of urates and phosphates in the urine should be attended to.

Vesical catarrh, nephritis and calculus have their own indications, and all causes of reflex contraction, as vaginal catarrh, phimosis, intestinal worms, fissure of the rectum, and polypoid excrescences, must be removed. Masturbation, hysteria and epilepsy as causes of incontinence of urine, must not be forgotten.

℞ Bromide of Potassium, gr. vi to xxv.
Camphor, gr. ii to v.
Elixir of Hops, ʒ i.

Mix. Sig. To be given at bed time for hyperesthesia of the body of the bladder.—A. Jacobi.

℞ Syrup of Tolu.
Syrup of Belladonna, aa ʒ i.

Mix. Sig. A coffee-spoonful morning and evening.—J. Simon.

℞ Tincture of Belladonna, ʒ i.
Bromide of Potassium, gr. x.
Infusion of Digitalis, ʒ ii.
Water, ad. ℥ ss.

Mix. Sig. Give this draught three times daily.—Eustace Smith.

℞ Strychnia, gr. i.
Cantharides Powder, gr. ii.
Sulphate of Morphine, gr. iss.
Iron Powder, ʒ i.

Mix. Divide into forty (40) pills. Sig. One, three times a day to a child of ten years.—Bellevue Hospital.

℞ Sulfonal, ʒ ss.

Divide into six (6) powders. Sig. Take one or two powders at night.—J. Madison Taylor.

℞ Carbonate of Iron, gr. v.
Extract of Belladonna, gr. i.
Extract of Nux Vomica, gr. i.

Mix and divide into eight pills. Sig. Take one at night and gradually increase the dose.—Faivre.

℞ Hydrate of Chloral, ʒ ss.
Syrup of Orange, ℥ i.
Water, ad. ℥ iv.

Mix. Sig. Take a tablespoonful at night.—Vecchizetti.

℞ Sulphate of atropia, gr. ss.

Divide into sixty (60) tablet triturates. Take one three times daily and gradually increase the dose until the pupils of the eye are well dilated.

℞ Benzoate of Soda.
Salicylate of Soda, aa. gr. xv.
Extract of Belladonna, gr. xxx.
Cinnamon Water, ad. ℥ iv.

Mix. Sig. A Teaspoonful four or five times a day.—White.

Abstracts.

DIABETES MELLITUS IN EARLY INFANCY.

W. B. Bell (*Edinb. M. J., 1896, Feb., 709*) reports a case of diabetes mellitus in an infant, aet. three months and five days.

History.—(*a.*) *Present Illness:* For a month the parents noticed that the child was very restless, afflicted with the most intense thirst, and required a large quantity of fluid in addition to the breast. They also noticed some increase in the amount of urine and that there was a good deal of cutaneous irritation around the genitalia and thighs. Occasionally the child was very drowsy, and his breath had a peculiar odor. (*b.*) *Previous Health:* Always a very healthy child. He was born as a face presentation, and the labor was protracted and difficult, but not instrumental. (*c.*) *Family History:* Parents both alive and healthy, one sister healthy; one aunt on father's side of the house died from *diabetes mellitus*, and his maternal grandfather from *phthisis.*

Present Condition (November 24, 1895).—*General:* Well-nourished, fat, male child. *Urinary:* Urine in excess, but amount not estimated nor specific gravity ascertained. Clear, and with a sweet taste. When tested by Fehling, Moore's, and Johnson's picric acid test, contained a large amount of sugar. Microscopic examination normal. *Cutaneous:* Marked weeping eczema of the privates and thighs, especially in the folds. *Nervous System:* Child fretful and restless. *Alimentary:* Breath normal, excessive thirst, bowels regular. *Other Systems:* Normal.

Treatment and Progress.—The breast was continued, but the mother's diet was restricted to anti-diabetic food. The child was given skimmed milk and water *ad libitum* when thirsty, and one ounce of raw meat juice per diem. For the eczema an ordinary dusting powder and extreme cleanliness.

November 28.—Child is rather better; but as he was slightly drowsy, stopped the raw meat juice. Ordered bicarbonate of soda and gray powder. Urine still contains a large amount of sugar. *December 2.*—A post-mortem examination was made to-day, but nothing abnormal detected. The brain was not examined. Urine

in the bladder loaded with sugar. The parents state that on November 30 the child became very drowsy, and lay with its eyes half closed, breathing snoring and irregular; he became more comatose, and died December 1.

THE NEW YORK HEALTH DEPARTMENT'S DIPHTHERIA ANTITOXIN.

The following circular of information has been issued:

The Health Department of New York City desires to direct the attention of physicians to some important modifications and improvements which have been made in the preparations of antitoxic serum which it is now able to furnish for the prevention and treatment of diphtheria.

As the result of some investigations carried on in the bacteriological laboratory of the Health Department, which have greatly perfected the methods of production of diphtheria antitoxin, it has been possible to prepare antitoxic serum of much greater power than that which has previously been in use. The curative value of any preparation of antitoxic serum is, of course, due not to the amount of serum, but to the amount of antitoxin which the serum contains, and investigations seem to show that the disagreeable symptoms sometimes occasioned by the use of diphtheria antitoxin are due, not to the antitoxin, but to the horse's blood serum in which the antitoxin is present in solution. It naturally follows that more concentrated preparations, in the use of which only small doses are required (two to five cubic centimetres), will diminish materially the frequency with which the rashes and other symptoms follow the administration of the remedy.

The preparations of antitoxin, hitherto furnished by the Health Department, are known as Nos. 1, 2 and 3 (Behring's standard), and correspond to Nos. 1, 2 and 3 of Behring's preparations. No. 1 contains sixty antitoxin units to each cubic centimetre of the serum, or six hundreds units in each phial.

No. 2 contains one hundred antitoxin units to each cubic centimetre of the serum, or one thousand units in each phial.

No. 3 contains one hundred and fifty antitoxin units to each cubic centimetre, or fifteen hundred units in each phial.

The Health Department is now able to furnish much more concentrated preparations than No. 1 and No. 2, and has therefore decided to discontinue the preparation and use of these weaker serums.

Hereafter diphtheria antitoxin will be furnished in the following grades and amounts :

Grade No. 3. Phials contain 10 c. c., 150 antitoxin units (Behring's standard) to each c. c., or 1,500 units..... $1.50

Grade No. 3a. Phials contain 5 c. c., 150 antitoxin units (Behring's standard) to each c. c., or 750 units..... .75

Grade No. 4. Phials contain 5 c. c., 200 antitoxin units (Behring's standard) to each c. c., or 1,000 units..... 1.25

Grade No. 5. Phials contain 5 c. c., 300 antitoxin units (Behring's standard) to each c. c., or 1,500 units..... 2.00

Grade No. 6. Phials contain 5 c. c., 400 antitoxin units (Behring's standard) to each c. c., or 2,000 units..... 3.00

It is at once apparent that preparations of antitoxic serum which contain a large amount of antitoxin to each cubic centimetre are more desirable than those containing a smaller amount, as the dose required is proportionately less and the disagreeable symptoms following its use will be relatively less frequent. The highest-grade preparations, however, are much more difficult to produce, are necessarily more expensive, and at present, even with improved methods, can be produced only in limited quantities ; therefore the department, as before, furnishes the serum in a number of different strengths at prices as nearly as possible at cost.

The average curative dose of diphtheria antitoxin is about one thousand units, but for very severe cases or croup cases, or those in which the serum is not administered until the third day or later, fifteen hundred or two thousand units are often required, and sometimes the dose must be repeated, so that altogether from four to six thousand units may be required in a single case. Full directions as to the use of the serum accompany each phial.

The new preparation of antitoxic serum will be gladly furnished, as heretofore, without charge to all public hospitals, dispensaries and charitable institutions in New York City on application, and they can be obtained free by physicians at most of the depots established for the supply of diphtheria culture tubes for use among those persons who are too poor to pay for the remedy. In such cases the physician in attendance is required to fill out a blank, to be obtained at each of the stations, giving particulars in regard to the case and the ultimate result of treatment. Medical inspectors of the Health Department will also be sent, on application, to administer antitoxin in any case of diphtheria under the supervision of the attending physician.

The Health Department desires to encourage the use of anti

toxic serum for the prevention of diphtheria, as the experience with its use for this purpose has been most satisfactory. From one hundred to three hundred units, according to age, are required to confer immunity. The immunity thus produced ordinarily lasts for a period of at least four weeks. With the new and strongest preparations of antitoxic serum, only very small quantities of serum (from six to fifteen minims) are necessary for the production of immunity.

TRACHEOTOMY FOR THE REMOVAL OF AN INTUBATION TUBE.

Dr. C. H. Mayo reports (*Langsdale's Lancet, 1896, i, 70*) a case of this character of extreme interest. The patient was a boy, 5 years old, suffering from croup for five days. The first insertion of O'Dwyer's tube resulted in complete relief of dyspnea. Everything seemed to be going well, and the tube was removed at the end of the third day. Respiration was easy. Three hours later the tube had to be reintroduced and remained two days. Six hours after removal, this time, it had to be reinserted. After forty-two hours the breathing became difficult. The swelling and edema of the larynx had disappeared, and through the esophagus the tube was felt in the trachea. After an attempt to extract it with the extractor, it slipped further down and respiration became violent, cyanosis rapidly appearing. Tracheotomy was performed rapidly. A probe found the tube in the right bronchus. It was loosened, and was removed through the incision. Forced respiration was kept up for fifteen minutes. The tracheotomy tube was left in for six days. The patient recovered.

GONORRHEAL RHEUMATISM IN INFANTS.

Haushalter (*La Medicine Infantile, 1895, xii, 1,667*) points out that the knowledge of this affection dates from 1885, and that since that time only 27 cases have been reported ; 13 of these followed a vulvo vaginitis, 13 a conjunctivitis, and 1 a urethritis in the male. Cases in the newly born almost uniformly followed a conjunctivitis. The author thinks that as the joint affection frequently causes few symptoms many cases may pass unrecognized. An account is given of a child in which a gonorrheal conjunctivitis was followed on the twenty-fifth day of the child's life by a swelling of the left wrist and soon after by an affection of the right knee ; there was no fever and the condition lasted about a month. Gonococci were found in the conjunctival secretion but not in smears made from the exudation drawn from the joint. Bouillon cultures, however, developed a germ

which by its morphology and by its reactions was thought to be probably the gonococcus.

A study of the other cases shows that the joint affection usually comes on 15 to 20 days after the ophthalmia. One or very few joints are affected and the knee is the usual point of attack; the duration of the disease is from two to four weeks and the recovery is complete.

JUVENILE PARESIS.

Alzheimer (*Allg. Ztschr. f. Psych., Am. J. Insanity, 1896, lii, 423*) discusses the subject of early paretic dementia — the developmental general paralysis of Clouston and others. He analyzes thirty-eight cases found in the literature, and adds fully detailed accounts of three personal observations of his own. He finds that, as regards its etiology, syphilis plays a predominant, if not, indeed, an exclusive, rôle; that hereditary predisposition seems to favor it, and traumatism may be the immediate cause of the outbreak of the symptoms. Clinically, the tendency is toward a form of chronic dementia without delusions, though other psychic symptoms may occur, but generally as transient phenomena. The course and prodromal stage are rather longer than in the adult type. The paralytic symptoms generally appear early, and are prominent throughout. Hemiplegias, paralytic strokes, tabetic symptoms, optic atrophy, etc., are relatively rather frequent.

The macroscopic post-mortem findings are similar to those in other forms, and the same is true of the finer lesions. In two of his own cases he found pronounced degenerative changes in the basal ganglia.

While the cases reported show many peculiar features these are not, in his opinion, such as would authorize us to erect them into a special clinical type. Aside from the youth of the subjects, all the peculiar features are met with in different cases of paresis of older persons.

This form, however, he holds, throws a certain important light on the pathology. The usual causes other than syphilis to which paresis is attributed—grief, care, overstrain, the struggle for existence—fail here; the paresis occurs at an epoch when physical and psychic stress are at a minimum, and the influence of syphilis is all the more marked. The developmental changes credited by Clouston and others can hardly play a part as early as the ninth year (at which age some of the cases began), and therefore Alzheimer rejects these as an especially important factor.

INSANITY IN CHILDREN.

Conrads (*Archiv. f. Kinderheilk, Am. J. Insanity, 1896, lii, 430*) gives a lengthy review of the subject of infantile mental derangement. First, he notices the variety of insanity in children and gives an extended notice of the literature. As regards the question of the relative frequency of insanity of the two sexes in children it cannot be definitely stated with our present statistics.

Among the causes heredity is first; next comes the condition of the child's bringing up, his education and training, the management by nurses by frightening their charges, the discipline and methods at school, etc. Psychic causes, fear, shame, and especially mental shock, are not to be underestimated. Emminghaus found 23 per cent of the cases he collected in the literature to be due to these causes; homesickness is not common, but cases have been known. Conrads lays some stress on the evil effects of religious excitement in predisposed older children.

Contagious (mental) and epidemic influence need mention, as they have been repeatedly observed. Onanism has been undoubtedly overestimated as a cause, but in predisposed persons it may have its effects.

Among the somatic causes, acute infectious fevers are first in frequency. Emminghaus found these as a cause in 25 per cent of his cases. Trauma, especially of the head, insolation, exposure, etc., have all had their victims. Ear disease and dentition may affect the mental condition, and the effects of nasal disease, adenoid vegetations, and tonsillar enlargements are suggestive. Middle-ear disease has been demonstrated by Bouchut and Emminghaus as causes of infantile derangement; intestinal parasites, tuberculosis, and cardiac weakness are also factors. Hereditary syphilis is the cause of juvenile paresis; whether it acts in producing other forms of insanity is uncertain. Long continued suppuration has been the cause of melancholia, as in one case of Conrad's own observation. Reflex psychoses, aside from those from ear and intestinal disorders, have been observed to follow wounds, extraction of teeth, etc. Various poisons—lead, mercury, cocaine, tobacco, etc.—have caused mental disease in children as well as in adults, and alcoholic insanity has been often reported. Conrads gives briefly a case of acute hallucinatory delirium observed by him in a child of 2½ years, from this cause.

The permanent psychoses of children occur usually in degenerate individuals, who sooner or later reveal their stigmata. The first

symptoms of insanity can naturally only be looked for after the conscious perceptions have become manifest in the child and must consist in aberations of these. The earliest age at which hallucinations have been observed is 14½ months (Marce). Visual hallucinations are far the most frequent. Delusions can only show themselves after a certain stage of mental development.

The types of mental disease in children fall under two heads—the pure psychoses and the forms connected with the neuroses. Of the former it is difficult to say whether mania or melancholia is most frequent in the earlier years, and both are most frequent toward puberty. Mania generally begins without the prodromal, depressed phases, runs a subacute course, and generally ends in recovery. Melancholia may assume any of its types, is commonly gradual in its onset, and is subject to remissions. Its course and prognosis are the same as mania.

Suicide in children should be mentioned in this connection, and from the statistics of France and Prussia seems to be steadily on the increase. It is, however, still infrequent. Conrads, taking the proportions of adults and children in Prussia in connection with the statistics of suicide, finds that it is forty-six times less common in the latter than in the former.

Periodic insanity in children is usually of the maniacal type, and, with circular insanity, has an absolutely unfavorable prognosis. But few cases of either are found in the literature.

Under hallucinatory insanity, Conrads includes two types — acute hallucinatory paranoia and transitory insanity—both characterized by hallucinations, the former the more chronic and the latter the acute type. In the former occur the stuporous cases that are often confounded with melancholia. The prognosis of both, except when they succomb to exhaustion or suicide, is favorable.

Paranoia of the pure type is rare in childhood, but the degenerative prodromal stage of the original paranoia of Sander is very common. These candidates for paranoia are usually of the male sex ; in all there is a hereditary taint. They are generally quiet, sentimental, and hypochondriacal children, who are liable to feel themselves slighted by their parents, and often conceive notions of self-importance, which are the incipiency of their delusions. Hypochondria is closely allied to paranoia, and while its occurrence is rather rare, and has been denied in children, it is sometimes met with and is usually a degenerative sign. Its prognosis is only favorable in the milder cases. Imperative conceptions and acts are also met with, and frequently indicate a degenerative taint, and are often

connected with masturbation as an exciting cause, but they are not so serious in their prognosis. The so-called "impulsive insanity" is diagnostically indistinguishable from these impulsive acts, though it has been accepted as a special type. It is always degenerative and of unfavorable significance.

Passing by what is said of idiocy, a word can be given to moral insanity. This, Conrads claims, rarely exists without some mental impairment, and sexual perversion is often present. Recovery is as improbable as in idiocy ; the apparent recoveries are, perhaps, only remissions of long duration.

Paresis in children has been lately reported by various authors. Its connection with hereditary syphilis has been already noted.

Among the neurotic insanities, that connected with epilepsy takes the first rank. Hysteria is commoner in children than it is generally supposed, especially in girls. Heredity is its most important etiological factor. The mental disorders of chorea consist mostly in capriciousness, irritability, and a grest tendency to sudden emotional disturbances. Hallucinations, illusions, and maniacal delirium may also occur, and Leidesdorf has observed hallucinatory paranoia. Very recently Moebius has directed attention to the resemblance of choreic to toxic insanity as supporting the view that chorea may be of infectious origin.

As regards the therapy, it would be best if all cases, except the milder forms of mania and melancholia, hypochondria, and the cases of imperative conceptions, and the stuporous cases, were treated early in a special asylum, very few, if any, of which, unfortunately, exist for children. Prophylaxis is still more important, and should properly begin literally *ab ovo*. The marriage of degenerates, insane, drunkards, etc., is a most prolific cause of infantile insanity and idiocy. Where the tendency exists in the child, its bringing up and education must be the subject of the greatest care. Ignorant and reckless nurses, especially if given to drink, may do the greatest injury, and in no case should alcohol in any form be allowed to a child under ten years, excepting, of course, as medicine in acute infectious diseases. Special care should be given to the points of masturbation and the general habits of the child ; to the possibility of nurses or others working injuriously upon its fears and imagination ; to the educational methods and discipline. It would be well were teachers obliged to study mental pathology in their professional preparation.

As a summary of the points in regard to which it is desirable to

direct attention in relation to the psychoses of children, Conrads concluded his paper with the following as desiderata :

1. Statistics of infantile insanity, by means of circulars of inquiry to the medical profession, as to the actual number of insane children in their knowledge.

2. Information as to relapses, by communication from medical men as to the mental disorder of persons who had been insane in childhood. These could best be obtained from family physicians, who are usually able to follow the family history back for a lengthy period.

3. Special asylums for insane children.

4. Sufficient knowledge of teachers of the psychopathic states in childhood, and greater care in schools to mentally-defective children.

SARCOMA OF SKULL TREATED SURGICALLY AND BY TOXINS.

Dr. Abbe presented before the New York Surgical Society (*Annals Surg. 1896, xxiii, 177*) a child, eighteen months old, with a tumor over the right temporal region about the size of an orange, which was slightly larger when he first saw the patient. There was also slight exophthalmos and deformity of the orbit on the right side. The growth had first been noticed by the mother when the child was three months old. He supposed it was an osteo-sarcoma or chondroma and attempted its removal by the chisel, but found that it extended quite as deep within the cranial cavity as it projected without. Recognizing, then, that it was inoperable, he began the use of mixed toxins of erysipelas, with the result that the tumor began to subside, and was now slightly smaller than it was when he attempted to remove it eleven months ago, and the child's general condition was much better. Professor E. K. Dunham had made microscopic examination of the tumor, and had pronounced it an endothelioma of the class of sarcoma, arising from the dura.

LATERAL SPINA BIFIDA.

Alexander A., aged 9. was sent in to Mr. Cotterill's Wards (*Edinburgh M. J., 1896, Feb., 748*), on account of paralytic talipes equinus. On closer examination he was found to be suffering from a spina bifida, which protruded laterally through the sacrum through an opening opposite the right sacro-iliac synchondrosis. The tumor was about the size of an orange, and was covered by normal skin. It disappeared on pressure, and did not vary in size on coughing,

but grew very tense when the patient stood upright. On passing the finger into the lower bowel it was found possible to invaginate the rectum through this bony aperture in the sacrum on to the posterior surface of that bone. Some fluid withdrawn from the tumor possessed the characteristics of cerebro-spinal fluid. The boy was found to be suffering from the following abnormalities in conjunction with the spina bifida: Imperfectly developed ears, especially the left, a very arched palate, ptosis of left eye, paralytic equino-varus of right side, congenital hydrocele, right inguinal hernia (congenital), an abnormally wide range of movement at the right shoulder joint, incontinence of fæces and urine, non-descent of the left testicle, and a somewhat backward mental development.

THE TREATMENT OF CARDIAC DISEASE IN CHILDREN.

The following rules are given by Perrier (*Mal. des Enfants, College and Clin. Rec., 1896, xvii, 11*) as to the management of this condition. In the first place, the child should be protected from cold, both because it depresses vitality and also because cold may cause internal congestions. Much fatigue is to be avoided and violent exercise forbidden. In the case of girls, particular attention is to be paid to these points at the approach of puberty. Secondly, the greatest care should be exercised as to diet, which should be simple and consist largely of milk, eggs, easily digested soups and tender, plainly cooked meats. Milk should be the drink for each meal. Thirdly, a life in the open air is very essential, and the climate should be changed by resorting to warm places in winter and cool ones in summer, for all persons with cardiac disease, particularly children, suffer from rapid changes in temperature. Cold sponging followed by dry rubbing is also of value. In the way of tonic treatment one of the following prescriptions may be used alternately every five days:

Fowler's solution, 4½ drachms.

Sig.—One drop *t. i. d.*

And

Tincture of gentian, 1 ounce.

Sig.—One teaspoonful *t. i. d.*

Often, too, a small glassful of malt extract is of service after meals.

Should there be much cardiac excitability the following may be used in the dose of a teaspoonful twice a day:

Bromide of calcium, 2½ drachms

Syrup of bitter orange, 4 ounces.

Should there be a tendency to constipation, a little magnesia may be given once or twice a week.

Where there is well-marked failure of compensation and the muscle is feeble. an absolute milk diet with rest in bed is advisable, the food being given at frequent intervals in small doses and diluted, if the urine is scanty, with lactose in water or by some alkaline water, such as Sels. Every two hours between the doses of food the following may be used with advantage:

℞ Tincture of digitalis, 5 to 10 drops
Tincture of cinchona, 7 drachms
Syrup of orange, 3 ounces.

A teaspoonful about half an hour after eating.

Every morning, to avoid straining, an enema may be given to move the bowels and to favor diuresis. Once in every two weeks a small blister may be placed over the heart with advantage.

Where the failure of compensation has lasted for some time the following may be ordered:

Caffeine, 4 to 7 grains
Benzoate of sodium, 15 to 30 grains
Syrup, 5 drachms
Peppermint water, 3 ounces.

Sig.—Dessertspoonful *t. i. d.* for a child of from seven to twelve years.

Should there be cyanosis it may be wise to use:

Ext. convallaria majalis, 8 grains
Syrup, 1 ounce
Infusion of cinchona, 3 ounces.

A warm rectal injection should be ordered night and morning, and every eight or ten days a small blister applied to the precordium. If there is a tendency to dropsy, hot-air baths may be used with caution, and if sudden cardiac oppression comes on hypodermic injections of ether are to be employed.

TRANSPOSITION OF THE VISCERA IN A BOY WITH HARE-LIP AND CLEFT PALATE.

Dr. J. J. Buchanan (*M. & S. Rep., 1896, lxxiv, 188*) exhibited a case of transposition of the viscera in a child who has a hare-lip and a cleft palate. It was noticed in this boy that the heart-beat was found on the right side of the median line, and percussion indicated that the liver was on the left side. The child was sent from West Virginia for the cure of the hare-lip and cleft palate, and the primary operation had been done. The cleft was a single one and ran

into the right nostril. The bony septum was attached to the left palate process of the superior maxillary bone and very much deflected to the left side. The first operation consisted in separating the acutely projecting intermaxillary bone from the left maxilla with a saw and bone forceps, and forcing it over to the freshened edge of the right maxillary bone, and holding it there with a silver wire. At the same time the lip was united by a flap operation. This lip is not in very good shape at present, but it can be made good by a very simple operation. After the holidays an attempt will be made to close the hard and soft palates by sutures. This case is an interesting one from the fact of the extensive anomalies present, and the comparative rarity of the transposition of the viscera.

THE CHEMICAL AND PHYSIOLOGICAL CHANGES IN MILK CAUSED BY BOILING.

In the *British Medical Journal* for December 14, Dr. J. L. Kerr (*Med. Times and Reg., 1896, xxxi, 120*) states that there is reason for supposing that when fresh milk is ingested the living cells are at once absorbed without any process of digestion, and enter the blood stream and are utilized in building up the tissues. The casein of the milk is digested in the usual way of other albuminoids by the gastric juice and absorbed as peptone. There is also absorption of serum albumin by osmosis.

The chemical result of boiling milk is to kill all the living cells, and to coagulate all the albuminoid constituents. Milk after boiling is thicker than it was before.

The physiological results are that all the constituents of the milk must be digested before it can be absorbed into the system ; therefore there is a distinct loss of utility in the milk, because the living cells of fresh milk do not enter into the circulation direct as living protoplasm, and build up the tissues direct, as they would do in fresh unboiled milk.

In practice, he says, it will have been noticed by most medical practitioners that there is a very distinctly appreciable lowered vitality in infants which are fed on boiled milk. The process of absorption is more delayed, and the quantity of milk required is distinctly larger for the same amount of growth and nourishment of the child than is the case when fresh milk is used.

PENIS LUXATION.

Dr. L. Baumgarten points out that penis luxation is (*Med. Standard, 1896, xviii, 55*) one of the most important injuries of that

organ, and records a case in which the accident happened at the ritual of circumcision in infancy, while the reduction of the luxation was not effected until eleven years later. The child's penis had disappeared, as stated, when he was undergoing circumcision at the hands of the constituted official. The primary difficulty in micturition seems to have been at once overcome, but when the child was 6 months old he was taken to a medical man who succeeded in bringing the glans penis into view. It disappeared again, however, within the course of the day, and the father was counseled to wait until his son was older and the parts more fully developed. From time to time a swelling would appear on the right side of the scrotum, evidently marking the site of the luxated organ. When seen by Dr. Baumgarten the penis was not visible, but the scrotum was well developed. Between the mons pubis and the upper margin of the scrotum were a circular scar and rudimentary penal sheath, with a punctiform opening only admitting the smallest-sized sound, which could not be introduced into the bladder. On palpation a cylindrical body could be felt beneath the skin between the scrotum and right thigh, the lower end of which was mobile and shaped like the glans penis. During urination a small swelling appeared in the same region, evidently a kind of accessory pouch between the urethra and the external orifice above mentioned. In the operation which Dr. Baumgarten performed to liberate the penis, he first laid open this pouch and was able to draw out the glans and neighboring part of the organ, the rest requiring to be detached by the knife, owing to adhesions. The formation of a cutaneous covering to the exposed posterior part of the penis required a plastic operation, which was successfully accomplished. Dr. Baumgarten describes the method pursued in the ritual of circumcision, and enumerates the accidents that have been known to follow it, but this is the first case known to him in which luxation of the penis has occurred. He also recounts five other cases of luxatio penis due to severe injury, and in each an operation was performed to restore the organ to its normal site.

ELEPHANTIASIS AFFECTING THE NECK, SCALP, EAR AND LOWER PART OF THE FACE.

John Thomson (*Edinburgh M. J., 1896, Feb., 751*) showed a girl, æt. 14, suffering from ELEPHANTIASIS AFFECTING THE NECK, SCALP, EAR AND LOWER PART OF FACE. She was quite well until she was 3 years old, when her left cheek was noticed, during an attack of whooping-cough and inflammation of the lungs, to be swollen. No history of erysipelas can be obtained. The swelling has gradu-

ally increased in degree and extent. The left ear was not affected until some time after the neck. During the last three years the condition has spread considerably. She is a tolerably well-grown girl, and presents no other abnormality. The lower part of the face —nose, lips, cheek—has its tissue distinctly thickened. The left auricle is much hypertrophied, and is fully ⅔ in. lower than the right one, owing to the swelling of the adjoining scalp and cheek. The left side of the neck is much swollen, the right side only slightly; on both there are a few hard, deeply-situated, enlarged glands. The mucous membranes of the mouth and throat are unaffected. Those of the nose and conjunctivæ are very prone to catarrh. There is a sore on the right cheek which shows little tendency to heal. The condition is precisely that which occurs sometimes after erysipelas. It is comparatively common in the extremities, but rare in this situation.

A CASE OF URTICARIA EDEMATOSA WITH INVOLVEMENT OF THE AIR PASSAGES.

Frank Woodbury (*Phila. Polyclinic, 1896, v, 61*) reports a case in a boy, nine years of age. It was his first attack of urticaria. His face became so swollen that his eyes were closed and his upper lip particularly was disfigured and prominent. Breathing by the nose was impossible on account of internal swelling. He had laryngeal cough and speaking was difficult. All this had occurred in less than an hour after a sting from a hornet upon the right side of his neck, about an inch above the inner extremity of the clavicle. There was no other injury, and there was no decided swelling, or wheal, about the primary lesion. The front of his body and his arms and legs were plentifully sprinkled with the characteristic papules and wheals, scattered among which were lines and bleeding points, where he had injured himself with his nails in scratching. There were no vesicles, or bullæ, and no wheals were seen on the face, where edema had taken their place. He was excited and was breathing rather rapidly and noisily through the mouth, as if he had a bad cold, frequently blowing his nose in his vain effort to remove the stuffiness caused by edematous swelling of the turbinated bodies which prevented nasal respiration. He occasionally coughed, spasmodically, but without expectoration. Speaking was attended by some evident effort, but power of phonation was not lost. The velum and fauces were tumid, but the tongue was not involved. As the laryngeal symptoms were not prominent, no attempt was made to introduce a mirror, which the excited condition of the patient, moreover, would have made a

difficult and unwelcome task. The body temperature was below 100 degrees. After a warm bath, to relieve restlessness, a tablet of morphin (¼ grain) and atropin (1-60 grain) was dissolved in a tablespoonful of water and one teaspoonful administered every quarter of an hour. Powders of acetanilid (2 grains) and sodium bicarbonate (5 grains) were left, to be given every hour until the symptoms were relieved. Inhalations of the hot vapor of water were given. To relieve itching, the patient was told, instead of scratching, to wipe surface with sponge or soft cloth, wet with the soda solution (made by pouring boiling water upon sodium bicarbonate) and to apply carbolized petrolatum (3 per cent) to the scratched places. When the patient was seen later in the day the symptoms had become much less severe. A small dose of calomel and sodium bicarbonate was given at night, which acted well in the morning. The patient was now convalescent and could scarcely be kept within doors. He had regained the power of breathing through his nose, but had a free discharge of mucus from his nasal passages for a day or two subsequently, for which no treatment was given. There was no desquamation and no sequela was manifested.

CERVICAL RIB.

H. J. Stiles (*Edinburgh M. J., 1896, Feb., 753*) showed a female child aged 18 months, with a well-marked cervical rib on the left side. The mother did not discover the deformity until the child was some months old. The most striking feature, on inspection, is the high shoulder, with a corresponding shortening of the neck on the affected side, especially when viewed from behind. (It was from this aspect that the mother first noticed the deformity.) In front a prominence is seen above the middle of the clavicle. On palpation a curved bony swelling is felt arching forwards above the clavicle as far as the outer border of the sterno-mastoid, where it appears to end in a free extremity. Posteriorly the bony swelling can be traced back to the spine. It has no connection with the scapula. The pulsation of the subclavian artery cannot be felt ; thus we may conclude that the vessel is lying anterior to the extremity of the cervical rib, and is not arching over it. Cervical ribs, although not infrequently met with in the dissecting-room, are seldom seen clinically, and it very rarely happens that the doctor is directly consulted on their account. He may, however, be consulted merely on account of the deformity, in which case the patient will most likely be an infant or young child. It is important, therefore, that the possibility of such a congenital abnormality be kept in mind, and the

deformity to which it gives rise be recognized. In all, some eight or ten cases have been recorded (five during the present year—see paper by De Quervain, *Centralb. f. Chir., 1895, No. 47*) in which the cervical rib has been excised in consequence of pressure upon the brachial plexus or the subclavian artery, or upon both.

INFANT FEEDING TO DATE.

The discovery that certain fatal gastro-intestinal catarrhs prevalent among infants were due to the presence and activities of micro-organisms, which produced poisons in milk, but could not affect other food stuffs, marked an era in the treatment of the digestive diseases of children. It is a question, however, whether the profession at large has fully grasped the meaning of this discovery. The practitioner has gone off on the trail of milk disinfection, and overlooked the more important indications, which demand that milk shall be wholly discarded in certain cases of indigestion and its place filled by meat and grain products and by egg-albumin.

The physician of the future, if he be wise, will more and more promptly, in cases of severe gastro-intestinal catarrh of infants, drop milk and take to these substitutes. He may try one or other of special infant foods at first, but unless quick relief follows, he will betake himself to feeding with other than milk. What may be done by intestinal disinfection during continuation of the milk diet is not yet determined. It is a large undertaking to disinfect a bowl full of milk clots and fermentation products by means of poisonous chemicals, especially the coal-tar drugs, which may vary in their composition and strength.

One becomes very skeptical of therapeutists who make reports on such intestinal antisepsis, fearing lest the observer has secured no effect at all from his drug, or lest a repetition of the dosing in later cases may poison the little patient, perhaps fatally. Is it not wiser to discontinue the fermentable substance (milk) and sweep its half decomposed residues gradually out of the canal by the aid of aperients, until by degrees the stomach and bowels shall have gained sufficient health to be able again to digest milk and to prevent by wholesome digestive secretions its harmful decomposition?

The fact is that very little apparent progress has been made in recent months in infant-feeding, and no wonder! The bacteriologist is unraveling, but slowly, the very intricate processes of bowel-sepsis, and has as yet but little of general interest to tell.

The boom-doctor has betaken himself to the elaboration of complicated methods of sterilization, with the production of most impressive and expensive apparatuses ; or has flitted to other fields where temporary distinction is easily won. The quiet practitioner of thoughtful ways is working out in his daily rounds the very unpretentious principle of diet-change, and has little worthy of extensive remark to contribute.

The custom started in some cities of ordering milk by prescription from public laboratories is rather interesting. The prescription calls for milk containing amounts of casein, fat and sugar, such as the physician deems necessary at the time. Under certain circumstances this might be a great blessing to the community. What it will amount to—whether it will be more than a fad of a few physicians—cannot yet be said. The baby is to be weighed every day to see how he is getting on.

A French observer holds that the dilution of milk with water or barley water for infants is injurious ; that the addition of water favors dyspepsia. He gives an amount of undiluted sterilized milk suitable to the age of the child, much smaller in quantity than the diluted feeding ordinarily given to infants. His British translator and admirer weakens, however, when it comes to applying the theory, and suggests that if the baby has derangement of the digestive organs dilution would be desirable.

The experience of some is that if a baby does not get a large enough quantity of liquid at each feeding to comfortably fill his little center of interest he makes the family miserable until additional liquid in the form of barley water or catnip tea is administered. This is very inconvenient to the mother, and probably amounts to the same as if the milk were diluted at the first.—*Editorial, Maryland M. J., 1896, xxxiv, 320.*

PERIPHERAL NEURITIS FOLLOWING MEASLES.

Dr. John Thomson (*Edinburgh M. J. 1896, 750*) showed before the Medico-Chirurgical Society a boy of 6½ years, suffering from deformity of the hands and fingers due to an attack of peripheral neuritis following measles. He had a severe attack of measles with pulmonary complications during the latter half of March. This pulled him down very much, but he seemed to have recovered pretty well. About the beginning of June he began to complain of tiredness and pains in his feet. Although the pains were never severe, his ankles gradually became extended so that he could not put his heels to the ground. His knee-jerks were gone.

No rise of temperature. On 1st July Dr. Paterson found for the first time that there was distinct analgesia of the feet and legs. This passed off, and on the evening of the same day there was hyperesthesia. There was also marked frequency of micturition. In the end of July, the feet were still so pointed that he could not stand, but there was no pain or tenderness. Early in September he was able to walk, and now his legs and feet seem quite right. On June 30th (a month after the feet) both his hands became sore in one day—with half an hour's interval. The pain was very severe, so that he screamed with it day and night for some days. It gradually subsided, but was still present in some degree four weeks later, and the hands remained very sensitive, apparently from hyperesthesia of the skin as well as of the joint structures. The wrists became fixed in a flexed position; the fingers and thumb of the left hand were flexed towards the palm, the fingers of the right being extended at the metacarpo-phalangeal joints and flexed at the others. Attempts at extension were very painful. The position of the hands is slowly improving; they are very much less tender and the range of movement of the joints is steadily increasing under regular passive exercises. The power of voluntary movement also is slowly returning to the fingers and hands. The prognosis seems quite good as to ultimate complete recovery.

Pure Milk.—The circulars issued by the Board of Health to all milk dealers, if the sections are enforced, will prevent absolutely the sale of adulterated milk in the city of New York. The sections provide that no milk shall be offered for sale or delivered in the city without a permit in writing from the Board. Milk shall not be stored in any place used for sleeping or domestic purposes, nor shall any be opened therein. It shall not be transferred from cans to bottles in the street, or on ferries or in depots. Bottles in which it is put shall be cleansed after a specified fashion. Permits from the Board to sell milk must be posted in stores.—*Am. M.-S. Bull., 1896, ix, 277.*

The usual vehicle employed for the exhibition of the hypophosphites is a syrup of cane-sugar, which has no therapeutic value whatever, and is moreover prone to set up gastric disturbances.

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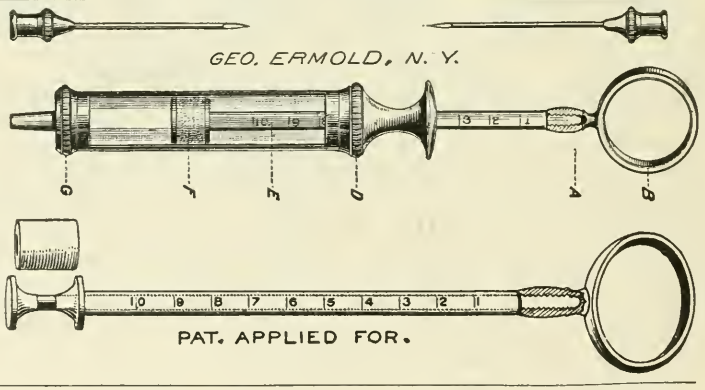

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PUBLISHER'S NOTES.

Salophen in Chorea.—No author had experimented with salophen in Sydenham's chorea until Dr. Marie, in the month of May, 1895, had occasion to treat in his wards a young girl suffering from Sydenham's chorea. Dr. Marie treated her with salophen, and obtained a complete cure in eight days. This observation will be found later on.

I have personally had the fortune of treating a young girl suffering from Sydenham's chorea. Following the example of Dr. Marie, she was treated with salophen. As may be inferred, the result was excellent. Moreover, it should be noticed that in this last case the disease was becoming worse under treatment by arsenic and antipyrin. I regret that I have not more numerous observations of similar cases. Yet, I call attention to the fact that it would be of great interest if we could be sure of having found a specific for Sydenham's chorea, a disease which frequently resists all forms of treatment for weeks and months.

Obs. (Dr. Marie.) D., a girl aged 16. Nothing hereditary, no previous rheumatism. Was placed in a cell after having had a dispute with her fellow-scholars in a convent. On the same day she was taken with choreic movements in the legs, which prevented her from going to the dining-room. The sister in charge thought it obstinacy on her part, and put her in a straight-jacket. During the night she managed to remove it herself. On the next day these movements had increased, and the sister, believing still that the young girl was showing mere ill-nature, punished her severely. This lasted for a whole week, and it was only after the lapse of that time that it was thought she might really be ill. She was then brought to the Hôtel Dieu.

She then presented every symptom of Sydenham's chorea, and the author insists that there is no doubt it was not a hysterical chorea.

The movements implicated all the limbs and the face; speech was halting. No articular pains, no cardiac complications. During the night she could not sleep, and her agitation was such that her bed had to be surrounded with padded boards.

May 22d. 4 grammes of salophen in 6 doses; the night was quieter, and the patient had a little sleep.

May 23d. The choreic movements had lessened in intensity, but were still marked in the face and limbs.

Salophen was continued in the same doses on the 23d and following days.

The improvement continued daily; the movements diminished in intensity and frequency, so as to become scarcely perceptible; sleep improved every night, and, on the night of the 27th-28th, the patient slept all night without even moving in bed.

The amelioration continued steadily, and, on May 31st, the patient was considered as cured, and all treatment was stopped.

Obs. (Personal.) A. L., female, aet. 11. The child, without known cause, complained on June 7th, 1895, of malaise; she had nausea, vomiting and cephalalgia, which continued for three days.

June 10. It was noticed that the child talked less than usual; and was agitated. Two days later she talked still less well, and showed uncontrollable movements of the head and limbs.

June 13. Admitted to St. Joseph Hospital. Shows every sign of true Sydenham's chorea, choreic movements of the limbs and head, difficulty of speech. She was treated for a fortnight with arseniate of soda and antipyrin. The disease, instead of improving, became steadily worse.

June 27. The girl is unable to rest at all, only answers with difficulty and after much hesitation. Salophen, 1.50 gramme in 3 doses.

June 30. Patient quieter. Movements no longer continuous.

July 1. The movements have greatly diminished in intensity and frequency. Speech somewhat improved.

On July 9th, the patient, who had kept on improving steadily, was entirely cured. The salophen, which had been given in doses of 4 grammes daily, was well tolerated.—*Dr. Augustin Huot, Thesis, Paris, 1895.*

A New Form for a Well-known Preparation.—Somatose, the food product manufactured by the Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, Germany, consisting of the albumoses and nutrient salts of meat in an easily soluble, odorless and tasteless powder, has won great favor with the medical profession on account of its superiority over meat as a nourishment, its easy digestion and assimilation, and its powers of producing a rapid gain in flesh and strength. Its great value in this respect has made its exhibition in other forms extremely desirable, and its range of application is greatly extended by the Somatose Biscuit, which furnish an agreeable, appetizing and nourishing food for invalids, nursing mothers and delicate children, dyspeptics and convalescents, promoting a rapid gain in flesh and strength. It is also especially favorable when it is necessary to carry food in compact form on long-distance bicycle rides, on hunting and fishing trips, railway journeys, etc. So convenient are Somatose Biscuit that a consumer recently styled them "emergency rations."

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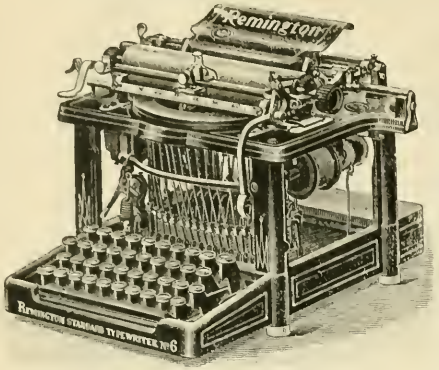

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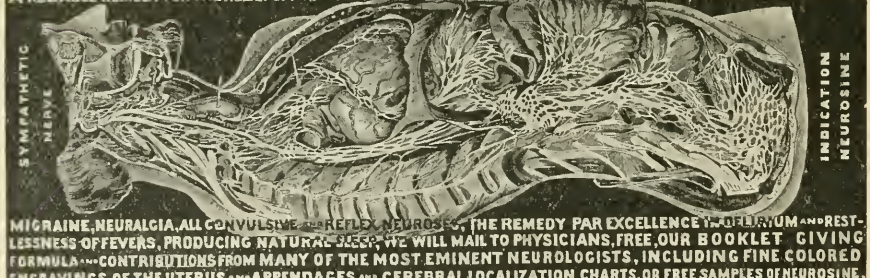

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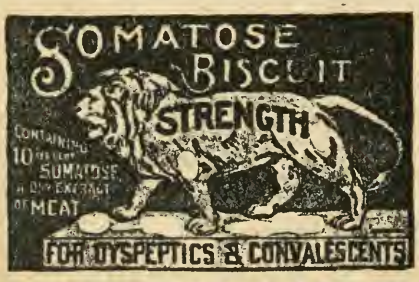

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